



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

HOLDS
CCP

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
HARADA	Susan		548-6684
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			548-2975
(City)	(State)	(Zip Code)	
Mililani, HI 96789			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
n/a			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Castle & Cooke Properties, Inc.			548-4811
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			548-2975
(City)	(State)	(Zip Code)	
Mililani, HI 96789			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Harry Saunders			548-4811
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			548-2975
(City)	(State)	(Zip Code)	
Mililani, HI 96789			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.**Susan Harada*

(Signature of Lobbyist)

1/11/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Harry A. Saunders, President

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Castle & Cooke Properties, Inc.

548-4811

MAILING ADDRESS (Street)

FAX

P.O. Box 898900

548-2975

(City)

(State)

(Zip Code)

Mililani, HI 96789

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.**[Signature]*
(Signature of Authorizing Officer or Person Represented)*1-24-05*

(Date)